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AUTHOR Shearer, Christopher A.
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ABSTRACT

This report reviews the financial history of one successful school health center, Commerce City Community Health Services (CHS), in Commerce City, Colorado. The report reviews the center's 20-year history to provide an example of how often and how notably a center's sources of financial support can change over years of operation. The story of CHS's success is told by its executive director, Betty Pepin, and highlights two lessons for all school health center planners or managers: (1) from the beginning, staff must consider how they will ensure the center's continuation; and (2) a varied base of financial support is key to sustainability and growth of services. The report is part of the National Health and Education Consortium's (NHEC) publications series on school-based health centers and the first of two reports documenting stories of success by school-based health centers. Appendices provide school-based health center financing references, and an NHEC overview and membership roster. (Author/EV)

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The Evolution of Financing:

One School Health Center's Success Story

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School Health Center Provides Much Needed Care

Grant Funds Run Dry: School Health Center In Financial Crisis

Innovative Fundraising Helps Keep School Health Center Alive and Well

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Foreword

The National Health & Education Consortium (NHEC) hopes that this report, the first in a series of "success stories," will help you understand what practitioners and educators must do to ensure that their school health center is successful. One key element to success is building a sound financial future. *The Evolution of Financing* documents one exciting financing model — and its history.

In addressing the critical issue of school-based health center financing we have made every effort to share the experiences of Betty Pepin and Commerce City Community Health Services *in their words*; we believe that this perspective will best communicate what they have done and why they have made the choices that led to their continued ability to serve children in their community.

NHEC is convinced that every school-based health center has an important story to tell and we encourage all centers to share their own "success stories." If the school-based health center movement is to fully establish itself, centers must sell their own successes; centers must communicate *how* they made a difference and *who* they helped. In a time of increasing financial pressures, decision-makers look to programs that document impact. We know that school-based health centers impact students and their schools ... it is everyone's job to be sure the message gets out.

Indeed, school-based health centers are effective, too. They provide care to children where they are — in the school. They provide that care at a time when prevention can make the most difference — early. We hope that this report will be helpful to you as you work to bridge disciplines to promote children's optimal health and education.

Sincerely,

Tamara Lucas Copeland

Tamara Lucas Copeland
Director

Abstract

The Evolution of Financing reviews the financial history of one successful school health center — Commerce City Community Health Services (CHS), in Commerce City, CO. The report reviews the center's 20 year history to provide an example of how often and how notably a center's sources of financial support can change over years of operation. The story of CHS's success is told by its executive director, Betty Pepin, and highlights two lessons for all school health center planners or managers: (1) from the beginning, staff must consider how they will ensure the center's continuation, and (2) a varied base of financial support is key to sustainability and growth of services. The report is part of the National Health & Education Consortium's publications series on school-based health centers and the first of two reports documenting stories of success by school-based health centers.

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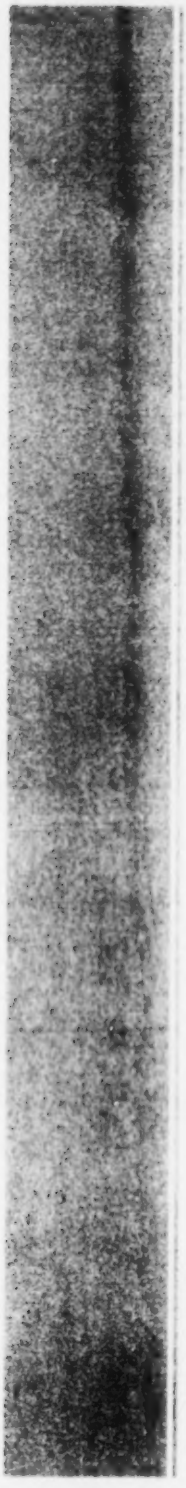

The Evolution of Financing:

One School Health Center's Success Story

Introduction

Betty Pepin

Eighteen years ago, when Betty Pepin first volunteered to assist with parent outreach and fund raising at a school health center in Commerce City, Colorado, she never imagined that she would some day become its executive director. But, then again, she never imagined that in the name of providing health care to school children she would play host to a professional wrestling contest, chant bingo numbers, or deal poker cards into the wee hours of the morning.

Betty Pepin can now tell the history of how one health center has faced repeated financial challenges, surviving through planning, imagination and collaboration. The story of Commerce City Community Health Services (CHS) holds a compelling message for anyone working in school-based health services: Funding is an evolutionary concern and meeting financial challenges is the key to meeting clients' needs. The history of CHS underscores the need to keep a steady focus on financing. "When you are talking about the longevity of a school-based health center," stresses Pepin, "you are really talking about financial sustainability."

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Commerce City, USA

Pepin, herself a registered x-ray technician, has three children: two sons — now 33 and 29 — and a 31-year-old daughter. She has lived in Commerce City, located in Adams County, Colorado, for nearly three decades.

"We were looking to buy a home and it was Commerce City's small town, neighborly feel that we liked, so we ended up here," says Pepin. "Commerce City is a suburb, but it feels almost rural. In fact, the city began as a farming town and has evolved over the years to be a low-income, blue-collar town. Today, we're just what our name makes us out to be — an industrial city. And we have the same challenges any industrial area has: We've got a poor image in people's minds as an attractive place to live, we have a lot of "daytime citizens" who come here to work but leave at night. We lack the infrastructure a bigger, less transient city might have."

"But it is still the friendly, small town feeling that keeps residents here."

Commerce City has a permanent population of about 18,000 — largely made up of families that have lived there for three or four generations. But each day its population jumps as more than 35,000 workers stream into the town for jobs in big industry. Corporations like NationsWay Transport, CF Motorfreight, Stewart & Stevenson, Conoco Refinery, Shamrock Foods, and UPS dominate the job market, several with their corporate headquarters in Commerce City.

"The nurse practitioners are always willing to talk to me and see my son quickly. They have taught me a lot about what is wrong with my son and give me advice that helps me be a good mom."

— Sandra Wright,
Parent of CHS patient

In 1980, when her children were students in Adams County School District 14, at Monaco Elementary and Adams City Middle School, Pepin enrolled them in what was then a new concept in health care delivery, a "school-based health center." Why? There was little affordable or accessible care for her children anywhere else.

"I was working and so was my husband," Pepin recalls, "but I had no insurance and he had only major medical coverage at the time, and the kids always seemed to get sick right before payday."

However, Pepin's concerns as a mother went beyond the need for affordable care. "My job was in south Denver, and Commerce City is north of Denver. So it was far more convenient for the whole family," says Pepin. "Plus, there were not a lot of physicians — and no pediatric clinic — in Commerce City."

The problems in Commerce City went beyond Pepin's need for convenient care for her kids. When she first arrived, Commerce City was as poor in health resources as it was rich in jobs — even for those who could afford it, the city lacked health resources. There were no hospitals, no community health centers, no emergency rooms, and few medical professionals.[1] But others in Commerce City had deeper worries than Pepin and her family. Many not only lacked easy access to care they lacked any kind of insurance or health care at all.

A Bright Beginning

In the late '70s, Commerce City community leaders recognized the shortage of health care services and sought funding to create a school-based health center (then a new model for delivering health care). They hoped to set the center in an old elementary school that was no longer being used and bring students from the newer schools to this site for services. In 1979 the Robert Wood Johnson Foundation — a national philanthropy known for promoting innovative approaches to health care — awarded Commerce City nearly $500,000 over three years to establish a health services delivery site for Adams County School District 14 schools — K-12.[2]

With the foundation grant money, clinic planners began the School Health Services Corporation. Health center offices were established in a reconfigured hallway of the unused elementary school on the edge of town. Nurse practitioners, operating out of the new offices, visited the other schools in the district during the day, checking back in with the office each afternoon. Children were treated for minor injuries, offered health screenings, and referred to appropriate medical personnel for follow-up. The services, while limited, were a boon to a city with no pediatric care and, with her children enrolled for services, Pepin began volunteering at the health center.

A Dry Well

While the Robert Wood Johnson Foundation grant had been a blessing — enabling the School Health Services Corporation to get started and to operate for three years — it was the clinic's only source of funding and the clinic came to rely on it far too much. Like many school-based health centers today the staff had been too busy caring for students to plan for the center's financial future. In 1982, the Robert Wood Johnson Foundation's grant ended.

"The well ran dry," says Pepin, who was elected to the center's board in October of that year. "We were unprepared for that. It seemed sudden and unexpected, but, of course, it shouldn't have; no funding lasts forever."

Now on their own, the board of directors and clinic staff scrambled to ensure the survival of the center. Between 1982 and 1985, times were tough and a catch-as-catch-can approach led to a portfolio of services that lacked focus. The center contracted with a local special needs school serving handicapped students to provide school nursing services. Additionally, it entered into contracts with the school districts in Adams City and another nearby city to provide employee wellness activities as a way of raising further support.

"It was hard," recalls Pepin. "We were scrambling to bring in any kind of money and, as a result, our attention strayed from a true community orientation and from our primary mission to provide

care to the children in school here in Adams County. Even though we remained in the school setting, that was the true casualty of scant funds: our primary mission."

As a first step to solve its funding problems, the health center filed with the Internal Revenue Service in 1983 to be classified as a tax exempt organization and started to seek other philanthropic support.[3] That same year Pepin began her three-year term as the board president. The board and staff turned to the local, Mile High United Way. Confident of the need for their unique health care delivery model and encouraged by their success treating students, the board and staff summarized their services, chronicled the center's past activity, and made a case for the continued need to provide care to students in Commerce City.

But Mile High United Way turned them down.

Why? Because the center's name implied that it was owned and operated by the school system. It appeared to the United Way that the School Health Services Corporation was a function of the school system, rather than an independent organization. Mile High thought that the center was simply asking to replace dollars lost from the school budget following the end of the Robert Wood Johnson Foundation grant.

The center's board and staff knew that the community had questions and assumptions about school-based health care. They had worked successfully to educate parents about their goals and services. However, the fact that funders might also have assumptions that required an investment of time and outreach caught the clinic off guard.

"I don't think it ever occurred to anyone that Mile High United Way might think the center was being run and paid for by the school." recalls Pepin. "After all, it was clear to the board and staff that fiscally speaking the school was just acting as a fiduciary agent for the grant. They thought that filing as a non-profit would solve that question."

The center immediately took steps to clarify the misunderstanding and address Mile High United Way's concerns. In addition, in 1984, the center changed its name to reflect its community orientation. In 1985, a newly-named Commerce City Community Health Services received its first grant from Mile High United Way of $29,887 (or 14% of the center's $213,500 annual budget); today Mile High United Way provides approximately 28% of a nearly doubled $416,613 annual operating budget.

"We have been a United Way agency ever since," says Pepin. "They have been so supportive; and the experience taught us the lesson of planning ahead, foreseeing expectations and assumptions, and establishing meaningful relationships with community funders."

Building Success

With some of its financial worries eased by a new Mile High United Way grant, the center began looking to solidify its long-term financing. CHS initiated direct fund raising efforts, such as holding bingo tournaments, and established patient fees for services to help create steady funding streams. In addition, the center received a bit of additional good news in 1985. CHS obtained the first of four years of support from Adams County, which was mandated to share some county revenues with the center. Additionally, the city itself began contributing annually to CHS.[4] But, even with county and city money, plus a few new small grants from local foundations and the income generated by service fees, the center faced tough financial times.

"The Eighties were a struggling time," says Pepin. "There was no longer a single, large funder and we scrambled to get on sound footing."

In 1987, Pepin resigned from the CHS board to take a job as the center's administrative assistant. In that capacity she helped with fund raising, payroll, accounts payable, and focussed on special events and public relations. Pepin and the center staff have done a lot to get community support for the school-based health center over the years. "In the '80s, we went to a local hall every other Sunday and called bingo games," recalls Pepin. "We were there from 1:00 to 3:00 yelling out numbers. But it brought people out."

CHS has also held a variety of raffles to raise money. As a part of the fund raising for its new building in 1990, the center sold tickets at $25 each to be drawn for one of two prizes: either a 1990 Mazda 323 ("Special features; Rack and pinion steering; Winner responsible for taxes and licenses; Winner picks the color") or $5,000 in cash ("No warranty; Standard color: green").

CHS also raffled off a trip for two to Las Vegas at $1 a ticket. That event, called "For the Luck of the Children," was tied into St.Patrick's Day and supported in part by a Denver area health plan, HealthONE, and has become an annual event for CHS. Selling tickets has the added benefit of involving the community by offering supportive businesses, parents and students a way to become involved in helping the clinic raise money. The second annual "For the Luck of the Children" provides a good example of how a range of individuals can help through an event like a raffle: a board member sold more than 600 tickets; a staff member sold more than 300; the mother of a CHS patient sold 60 tickets on her own and volunteered to staff a ticket booth at a local grocery; and the high school's honor society sold

Community Health Services Milestones

1978	Filed incorporation papers
1979	Received Robert Wood Johnson Foundation funding
1982	Robert Wood Johnson Foundation funding ended
1983	Filed with IRS as a tax-exempt, nonprofit, 501(c)(3) agency
1984	Changed name from "School Health Services Corp." to "Commerce City Community Health Services"
1985	Received first Mile High United Way funding
	Received Adams County revenue shared funds
	Received first Commerce City grant
1989	Received Adams County Community Development Block Grant
	Began billing Colorado Indigent Care Program
1990	Moved into new clinic site
1992	Received Boettcher Foundation operating grant
1993	Began billing Medicaid

100 tickets. While the event only raises $3-4,000 annually, it dramatically raises the visibility of CHS and allows community members to contribute in a variety of ways.

Soon after Pepin was hired as an administrative assistant, the center hit upon a plan to move to a more accessible location and to enhance its services: CHS would leave the old school-*based* site and construct their own school-*linked* health center building adjacent to the city's main high school. "We needed to be nearer to the kids," explains Pepin, "and we needed to solve our nagging space issues."

To raise money for construction, CHS applied for and received a Community Development Block Grant in 1991. With a Community Development Block Grant of $92,000, and support from area foundations and local businesses, Community Health Services built a one-story, free-standing center across from Adams City High School.

The arrangements made to secure the grant and construct the building are an elegant example of the power of collaboration: First, the school district bought the land across from its main high school site. Then, CHS received the block grant, hired an architectural firm, and constructed a building on the site with the school's permission. Once the center was built and paid for, CHS donated the building to the school district, which, in turn, leases the building back to CHS for $1 for a ten year lease.

At the same time that CHS built its building, a local foundation, the Boettcher Foundation, gave CHS a three year operating grant to help support their work. This, in addition to other foundation grants directly supporting construction of the new building, allowed the center to diversify its base of support even further to include philanthropies.

"I would never advise relying solely on philanthropic support," notes Pepin, "but the assistance we received from Boettcher and other foundations was enormously helpful in allowing the center to take full advantage of growing community support and the opportunities offered by the new building."

"Every school-based health center should build relationships with their community's foundations. Private support is an important part of the mix."

The move to change its name, obtain United Way support and build its own building helped Community Health Services get back on its financial feet after a rocky decade. "Getting the school-based health center on secure footing is one thing," Pepin cautions, "but you have to realize that the financial concerns don't stop there. You have to deal with staff salaries, the issue of staff benefits, the need for supplementary income, and planning for the future."

Today's Money Mix

Community Health Services has been innovative in seeking to pull in outside operating income, setting fees for services, and in raising ongoing support for the school-based health center. Today, their budget reflects a diverse mix of support from each of these sources.

Outside Income

To supplement the financial support it receives from the city, Mile High United Way and others, CHS has taken on a number of additional roles. Community Health Services has a contract with the school district to provide school nursing services. The contract supports four school nurses through the CHS payroll. The direct employment of school district nurses by a school-based health center is rare. Usually, the school hires the nurses who, in turn, collaborate with the center. According to Pepin, CHS's situation is both fortunate and unusual.

"The state has no mandate for school nursing," she says, "except that each school district provide one school nurse to assist students with disabilities. In Commerce City the school district has supported four school nurses through our organization. This is a beneficial situation for all concerned. The school nurses have come to know the center much better and the kids get to see the nurses they might otherwise not have. It is an effective and cost-efficient arrangement and the contract helps us stay in business. Because of the school nurse/school-based health center connection, students can get well-rounded health care."

In addition to contracting with CHS to obtain school nursing services, the school district also contracts with CHS to manage its worker's compensation program. The center handles triage (patient assess-

Reimbursement Financing Terms

Fee-For-Service

The patient, or the patient's insurance/health care plan, pays for each service as it is provided. For example, if a throat culture costs $95, the doctor receives $95 for each culture that is performed.

Sliding Scale

Under this fee structure, which is actually a type of fee-for-service payment, patients are charged according to their ability to pay. More is charged to those who can afford it, allowing those unable to afford the full cost of care to pay less in accordance with their income. For example, a sliding scale of fees for a throat culture might go from $20 to $35 to $75 to $95, depending on the patient's annual income.

Capitation

Unlike fee-for-service, where payments depend on the cost of the service, under this arrangement a care provider receives a flat fee from an insurer to care for each patient for a year and assumes financial risk for a patient's care. For example, if a doctor receives a capitated payment of $200 to see a patient through the year and the treatment provided exceeds $200 (say three $95 throat cultures are given at a total cost of $285) the doctor loses money (in this case, $85).

Co-Payment

Whether a patient is covered by a traditional fee-for-service or a newer capitation plan, many insurers require the patient to contribute to their care as a way of encouraging them to "buy into" their own health care and as a way of preventing over-use of the system. For example, if a patient sees the doctor for a $95 throat culture, they might have to pay the doctor a $5 co-payment toward the visit, regardless of whether their plan pays the doctor for the service or there is a capitated arrangement. Most plans, however, set an annual limit (called a "deductible") after which the patient no longer must contribute to the cost of care.

ment and preparation, including minor treatment) of injured employees, makes care referrals and deals with the program's paperwork for the school. The contract brings in much-needed funds for the center. All told, such outside income accounts for 4% of the CHS budget.

Reimbursement Income

In 1994, Pepin was appointed the executive director of CHS. During the following school year, CHS, which operates year-round, had 4,411 visits, serving a range of children from newborns to 21-year-olds.[5] (This number has steadily grown for CHS and is up from 2,084 visits in 1993). The school-based health center gave direct care, conducted school health education, offered health care services to the nursery in the high school, provided an area for midwives to see pregnant teens, and conducted a host of other activities, from giving sports physicals to seeing the siblings of enrolled students (see page 18: CHS at a Glance — Services Portfolio).

How do these patients pay for the care they receive? The answer has evolved along with the clinic.

"We were charging fee-for-service when we first started," says Pepin, "just like a traditional doctor's office. But that didn't work well for our patient population. They simply didn't have the money to pay for the care. So, we thought it over and decided to go with a yearly enrollment plan. We set up an enrollment procedure whereby parents pre-paid a fee that began at $35 per patient per year; six years later the charge had been raised to $60 per patient per year because of increasing costs and inflation. This was designed to help us predict income and make it easier on the parents to budget for care. But that, too, turned out to act as a barrier to care for those on Medicaid and for the more transient families."

"About two years ago — in 1994 — we adopted a new reimbursement plan that I think is working well: we have implemented a sliding scale fee-for-service model. Parents pay an average of between $5-$10 per visit. It's easier on them, usually cheaper, and has all the advantages of something like a co-payment in a managed care plan, although it's harder for us to predict our income."

As with its efforts to generate outside income to support the school-based health center, CHS has been innovative and has learned from its past when it comes to setting patient fees. "Let's face it," says Pepin, "money is a barrier to care for many of these folks. We are not going to recoup all our costs from either the families or their health insurance."

In addition to instituting a sliding fee scale, CHS began billing Medicaid during the 1993/94 school year. This involves complying with a Colorado requirement that a licensed physician is on site while all care is provided — a practice that is not common in most school-based health centers.

"The state requires that a doctor be here during any services that will be billed to Medicaid, so that's an adjustment we had to make," Pepin says. "But it has been very helpful to us in terms of paying for services to the kids."

CHS went to the Presbyterian/St. Luke's Foundation to obtain a two-year grant to support a full-time doctor at the center, a position they could not have afforded otherwise. CHS did not actually hire an individual pediatrician; instead it contracted with a local physicians' practice. The foundation grant has since ended, and CHS is now working to raise more support for physician staff. In addition to billing Medicaid, CHS has also recently begun tapping the state's program for the medically indigent to recoup service costs.[6]

"We keep getting more knowledgeable about the broad range of reimbursement mechanisms that are out there. We're getting ever better at setting up manageable fees for our patients and more sophisticated about billing their insurance plans," Pepin notes.

"It's part of our daily struggle to stay afloat. You see, school-based health centers are incredibly cost-efficient, but they are not well known and, however cheaply we deliver quality care, services *do* cost money. The support has to come from somewhere. What's more, we are probably never going to be competitive with other service organizations like the American Red Cross or the Easter Seals for the average citizen's charitable contribution. We can't rely on gifts, so we have to learn to be smart about billing and reimbursement or we'll go under."

All told, patient reimbursement contributes almost 30% of the CHS annual budget.

On-Going Fund Raising

Like many school-based health centers, even with constantly improving billing and a sophisticated computer system, CHS is chronically under-reimbursed. Moreover, the center always chooses to take a financial loss if necessary to care for kids who either cannot pay for services or whose health insurance plans will not pay for care delivered at school.

In order to help finance the center, Pepin has found herself heading some pretty unusual fund raising enterprises over the years. Nothing, however, beats the effort CHS made in August of 1994. "We held a professional wrestling match," laughs Pepin. "Can you believe it?"

"I don't think we'd ever do it again, but we brought the 'superstars' of professional wrestling to the Adams City High School gym for main event matches, grudge matches, every other kind of match you can think of, and then hosted an autograph party with the wrestlers. I'll tell you: never in a million years would I have thought that CHS would be pitting guys named Wild Thing and the Iron Sheik against one another to raise money."

Pepin concedes that the wrestling match is an unusual way to raise funds, but uses the event to make a point to those who work in school-based health centers: "You must be creative and dedicated if you want to bring in support. To raise money from the community you have to ask yourself, what will the community come to? The wrestlers sent a bad message to kids about violence, so we decided not to hold a match every year, but it was a popular event. It got our name out in the community and it sold tickets, both of which help us keep operating."

"Naturally, I want to see the day when we don't need to hold a bake sale or raffle a car to make ends meet or to expand services; but in the meantime we'll do what we have to in terms of traditional fund raising to close the gaps. We plan to continue holding events like the raffles and we're even looking forward to starting a golf tournament."

Today, such fund raising, along with grants from corporations, foundations, the city and the state, add up to 24% of the annual CHS budget.

Lessons Learned

Together, the school, the city, the state, the local United Way, area foundations and the continued fund raising efforts of the school-based health center's board and staff have enabled Community Health Services to transition from a large foundation grant in the '70s through a tough financial period in the '80s to a stable stream of local funding in recent years.

CHS now provides increasingly expanded care to students in a school district with two high schools, two middle schools, seven elementary schools and 6,300 students. It is truly a collaborative effort: the health center sees the school's students and provides the health care practitioners and materials; the school provides in-kind contributions such as phones and janitorial services; and the city provides substantial support, including "pro bono" legal assistance from the city attorney and an annual financial grant.

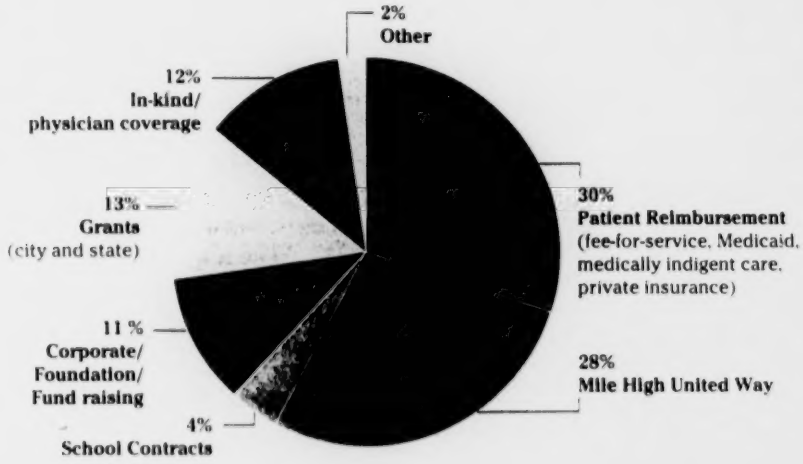
Pepin places special emphasis on CHS's partnership with the school system. "Our relationship with the school district is critical," she says. "Beyond our contracts with the district and their in-kind assistance, it's a given that without the school system's strong support we would not even be in a position to look for other funds."

Today, CHS is an amalgam of school-*linked* and school-*based* services. In addition to its main building, it now has two operational health centers at the two middle schools in Adams City School District 14 during the school year. Nurse practitioners are available 2 1/2 days per week; one site is in a former classroom, the other in a converted darkroom. Furthermore, another high school and an elementary school are being staffed part time by school nurses. CHS is also planning to open full health centers in other schools.

"We've always seen kids across all grade levels," says Pepin. "However, I think that quality services at the elementary level have led to increased demand at the middle and high schools. Also, we've seen kids now across their educational experience, and we even have started seeing the children of former students. Plus we have enhanced services at the high school level. Creating a continuum of care is a real success for us."

COMMUNITY HEALTH SERVICES BUDGET (1996/97)

$416, 613



Since her days as a volunteering mom, Betty Pepin has learned some very valuable lessons about school-based health center financing. As she has progressed from volunteer to board member to board president, staff member, and executive director, Pepin has seen the need to blend traditional fund raising and community partnerships with health care market savvy to ensure the clinic's success.

The current CHS budget reflects this broad mix of support. As indicated earlier, 30% of the budget comes from patient reimbursement (fee-for-service, Medicaid, medically indigent care, private insurance). Mile High United Way covers 28% of costs, and school contracts support another 4%. The remainder of the budget consists of: 11% corporate/foundation/other fund raising; 13% grants from the city and state; 12% in-kind and physician coverage; and 2% other support (see pie chart above).

"I'd say that there are three factors in creating a successful school-based health center," says Pepin. "You need: collaboration, a strong board and staff, and money. They are all vital, but the linchpin is money. You really must have a broad base of support to establish the school-based health center and to reach the kids effectively."

"I believe that the reason CHS has continued to be successful over the years is that it has continually evolved — from both a financial and services standpoint. We have kept on top of what the community wants and needs by having a community-based board, by regularly evaluating our services, and by facing tough choices about what services to deliver and what to charge for them. In short, CHS is still around because it's still responsive."

— Maureen Hanrahan,
CHS Board Member

"Obviously, you are only as good as your board and staff, and we have great folks. And we work collaboratively with the schools and the city. But you need money to tap both these components."

"Without financial success, you'll never have operational success. What's more, you have to be diligent about establishing new financing, too, since no single source of funding will be around forever. The overall key, I think, is setting up a *diverse* funding base — the more sources the better."

Looking Forward... Looking Back

Now 54 years old, with her children grown, Pepin is quick to downplay her role in the success of CHS as she reviews its history, and her own. As earnestly as she speaks of the need to address children's health problems, she praises those she has worked with over the years. "I have some reservations about being the one to tell the story," she says, "because it's really the story of a great many committed and caring people — all their voices should be heard."

"Let's just say that I am telling the story for all of us," she suggests, "and I hope that our story helps others better understand how to finance school-based health care. I hope it also helps everyone understand why we have worked so hard to keep it afloat: Many kids need school-based health care to remain healthy, and good health is essential to better learning."

The story Betty Pepin tells of CHS's success over the years is, like each tale of success, a unique and personal one, but it is also universal. As the school-based health center movement grows nationally, practitioners and administrators will have to learn the same lessons CHS has learned about the critical role financing plays in the success of a school-based health center. Like Pepin, nurses and doctors want to help students get access to quality health care. Like her, teachers want students to be healthy and ready to learn. Like her, parents and community leaders want to prevent kids from getting sick later in life by addressing their health needs now. Like her, they all will need to learn the skills necessary to work in a changing education system and stay alive in today's evolving and competitive health care market.

"Each of us just has to tap the success we've had and communicate it to others," says an optimistic Pepin, "and we'll *all* find a way to stay funded."

CHS at a Glance

The Health Center Staff

Nurse Practitioners (2.5 FTE)

Medical Assistant (1 FTE)

Medical Clinical Coordinator/Receptionist (1 FTE)

Director (1 FTE)

Medical Director and Backup from his pediatric associates

School Nurses (4 FTE)

Board Composition

School Board Representative

School District Chief Financial Officer

City Administration Representative

Managed Care Plan Representative

Parents (2)

Business Representative

CHS Director (non-voting)

Services Portfolio

Treatment of minor and/or routine illness (such as strep throat, asthma, ear infections)

Pre-school and routine physical exams

Well/sick baby care

Immunizations

Routine lab tests (such as throat cultures)

Prescription phone-in service

Sport and camp physicals

24-hour telephone advice and consultation

Referral to medical specialists

Medical back-up through Columbia HealthONE

Health education and counseling (such as nutrition, exercise, growth and development)

Reproductive counseling and services for teens

APPENDIX A

Select School-Based Health Center Financing References[7]

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APPENDIX B

NHEC Overview

The health and education of children are inextricably linked. Yet, for a variety of historical and societal reasons, these two critical facets of children's development have been separated. As a result, society finds itself either concerned about the "health" of children or the "education" of children, but is all-too-rarely aware of how the two fields are interdependent.

In 1990, in recognition of the need for better integration of health and education programs for children in this country, the National Health & Education Consortium (NHEC) was established by the National Commission to Prevent Infant Mortality and the Institute for Educational Leadership with core financial support from the Prudential Foundation. As a result of this special partnership, NHEC, from its inception, was a public/private partnership grounded in both the education and health communities.

NHEC now brings together 58 national health *and* education professional member associations, representing some 12 million constituents, to design strategies to better coordinate health and education services and programs. It does not represent any particular special interest group, but uniquely can mobilize the collective influence of national membership associations on behalf of its mission.

The National Health & Education Consortium contends that children must be healthy to be able to learn, and that they must be educated to keep themselves healthy for a lifetime.

NHEC's goals are:

- to strengthen communication and dissemination of information between health and education practitioners and policy makers;
- to identify exemplary program models and practices which more effectively integrate health and education services; and
- to improve public policy by addressing the need for a better coordinated health and education delivery system.

To accomplish its mission, NHEC links and convenes its members; produces publications on various topics relating to collaboration between the health and education communities; provides training and technical assistance to federal, state and local leaders to promote collaborative efforts at all levels of government and in the private sector; and operates a number of special programs.

NHEC Membership

American Academy of Family Physicians
American Academy of Pediatrics
American Association of Colleges for Teacher Education
American Association of School Administrators
American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Dental Association
American Federation of Teachers
American Hospital Association
American Indian Health Care Association
American Medical Association
American Nurses Association
American Psychological Association
American Public Health Association
American School Food Service Association
American School Health Association
American Speech-Language-Hearing Association
Association for the Care of Children's Health
Association for Supervision and Curriculum Development
Association of American Medical Colleges
Association of Maternal and Child Health Programs
Association of Schools of Public Health
Association of State and Territorial Dental Directors
Association of State and Territorial Health Officials
Association of Women's Health, Obstetric and Neonatal Nurses
Council of Chief State School Officers
Council of the Great City Schools
Healthy Mothers, Healthy Babies Coalition
National Alliance of Black School Educators
National Association for Asian & Pacific American Education
National Association for the Education of Young Children
National Association of Children's Hospitals and Related Institutions
National Association of Community Health Centers
National Association of Elementary School Principals
National Association of Hispanic Nurses
National Association of Partners in Education
National Association of Pediatric Nurse Associates and Practitioners
National Association of School Nurses, Inc.
National Association of Secondary School Principals
National Association of Social Workers, Inc.
National Association of State Boards of Education
National Association of State School Nurse Consultants
National Association of WIC Directors
National Black Nurses' Association
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
National Community Education Association
National Education Association
National Head Start Association
National Indian Education Association
National Medical Association
National Mental Health Association
National Perinatal Association
The National PTA (National Congress of Parents and Teachers)
National Rural Health Association
National School Boards Association
National School Public Relations Association
Society for Neuroscience
Zero to Three/National Center for Infants, Toddlers and Families

Endnotes

[1] While today there is a community health center and a number of family practices, there is still no hospital or emergency room within the city limits, and CHS remains the only pediatric/adolescent clinic in town.

[2] The Robert Wood Johnson Foundation awarded Colorado a total of $1.5 million in non-renewable grants for three sites over three years (two of which folded after their grants ended) as a part of the 12 sites funded nationally through its National School Health Services Program. Today, several rounds of grant making later, that program has evolved into the Making the Grade Initiative, supporting school-based/-linked health centers in 9 states.

[3] Originally, School Health Services Corporation had simply been incorporated in Colorado so that it could receive funds from Robert Wood Johnson through the school district, which acted as its fiscal agent. In 1983, the center filed with the IRS for 501(c)(3) status to qualify as a stand-alone not-for-profit entity — a procedure that then took more time and was considerably less common.

[4] While Adams County stopped its support of CHS once the revenue sharing program under which it gave to the center was no longer mandated, Adams City remains supportive to this day.

[5] CHS even provides services to pregnant teens, although it does not perform deliveries.

[6] In Colorado, qualifying institutions can contract to provide services to the medically indigent (those without Medicaid, earning up to 185% of the poverty level). The institutions receive reimbursement from the state based on a formula that estimates care costs per patient over the year.

[7] Excerpted from Kamala D. Rickett, Julia Graham Lear, and John Schlitt. *Bibliography of Select School-Based Health Center Publications*. Washington, DC: Making The Grade: State and Local Partnerships to Establish School-Based Health Centers (National Program Office), 1995.

NATIONAL HEALTH & EDUCATION CONSORTIUM
PUBLICATION LIST AND ORDER FORM

Please indicate the number of publications requested in the spaces provided.

___ ***The Evolution of Financing: One School Health Center's Success Story*** (Special Report) — Reviews one center's 20 year financial history to provide an example of how often and how notably the sources of support for school-based health services delivery can change. (1996, $5.00)

___ ***A Capitol Idea? Earmarking Alcohol, Tobacco and Gaming Revenue to Support Children's Education and Health Programs*** (Special Report) — In either book or audiocassette format, provides information on the history of earmarking and the extent to which earmarked funds are used to support health and education services. State-by-state information is provided. (1996, Book - $15, Audiocassette - $7.50)

___ ***New Americans, New Needs: A Resource Guide on How Educators and Health Care Providers Can Help Immigrants and Refugees Better Utilize the U.S. Health Care and Education Systems*** (Special Report) — This resource guide provides the education and health communities with a basic understanding of the changing demographics of the U.S. and lists organizations and publications available to assist professionals seeking information on how to better understand and serve the needs of immigrant children and families. (1996, $7.50)

___ ***Where The Kids Are: How to Work with Schools to Create Elementary School-Based Health Centers, A Primer for Health Professionals*** (Special Report) — Targeted to health providers who want to work with educators, the report provides an introduction to school staffing, funding and policy. Includes information on the rationale for elementary health centers and contact names for successful programs. (1995,$15)

___ ***Hidden Casualties: The Relationship Between Violence and Learning*** (Special Report) — Deborah Prothrow-Stith and Sher Quaday of the Harvard School of Public Health take a developmental approach to explore the impact of violence on a child's receptivity to education and ability to learn. (1995,$10)

___ ***The Invisible Disability: Understanding Learning Disabilities in the Context of Health and Education*** (Occasional Paper # 11) — Noted developmental pediatrician, Dr. Pasquale Accardo, examines the roles that the medical/health and education communities can and must play to enable children with learning disabilities to achieve to their maximum learning potential. (1995,$7.50)

___ ***The Big Red How-To Guide: Planning a Health Fair for Children and Families*** (Training Material) — Provides step-by-step guidance on planning and implementing a local health fair in a reusable workbook that can be expanded to include local materials. (1996,$15)

___ ***Starting Young: School-Based Health Centers at the Elementary Level*** (Special Report) — Provides historical and current info. on school-based health care with additional info. on staffing patterns, funding, and the value of preventive health care to elementary age children; produced in collaboration with the National Association of Elementary School Principals. (1995,$10)

___ ***Putting Children First: State-Level Collaboration Between Education and Health*** (Special Report) — Describes interventions used in four pilot states (Florida, Maryland, New Mexico and Texas) to promote collaboration between the health and education sectors; provides suggestions to state leaders working to foster similar collaborative relationships. (1995,$10)

over

___ ***Fetal Alcohol Syndrome: The Impact on Children's Ability to Learn*** (Occasional Paper #10) — Examines the root causes and consequences of Fetal Alcohol Syndrome and its impact on a child's ability to learn; describes some innovative programs and suggests recommendations for action; produced in collaboration with the Children of Alcoholics Foundation. (1994,$5)

___ ***School Nursing: Trends for the Future*** (Occasional Paper #9) — Carole Passarelli of the Yale School of Nursing highlights the increased need for school health nurses — providing recommendations for the best use of these essential professionals, illustrating various settings in which school nurses play an integral role, and describing progressive school nurse programs that are currently at work. (1993,$5)

___ ***Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children*** (Special Report, Occasional Paper #7) — This special report provides an overview of the link between nutrition and learning in children. It also describes the successes and limitations of public and private child nutrition programs. The report suggests action steps that can be taken to improve the nutritional status in children so they can be healthy and ready to learn. (1993,$10)

___ ***Bridging the Gap: An Education Primer for Health Professionals and Bridging the Gap: An Health Care Primer for Education Professionals*** (Special Report) — This two-part primer describes the health and education systems and how professionals from both fields can work with each other. (1992,$12)

___ ***Help Me Learn, Help Me Grow*** (Training Materials) - A bilingual, multimedia, parent awareness project. Materials are designed to be administered by professionals to help educate parents on the link between their child's health and education. [Starter Set - 1 video (Spanish or English), 40 posters/primers (Spanish, English, or mixed), 20 magnet/notepad sets, 1 community action guide - $28 - note: circle desired language of materials] Items are also sold individually.

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